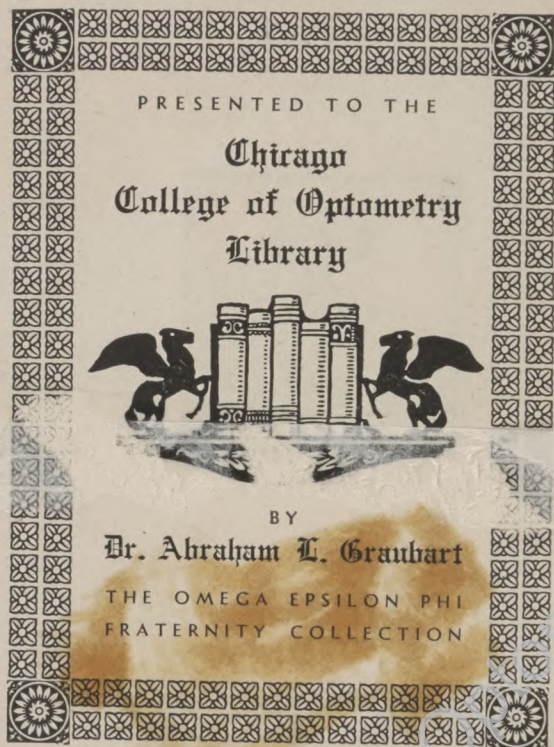


THE
SUCCESSFUL
OPTOMETRIST

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Book No. 563

Mr. A. L. Graubart—

In appreciation of your
efforts for better optometry.

General Optical Co.,

February 10...

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The SUCCESSFUL
OPTOMETRIST



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Am I a Success?

IN all earnestness and in a spirit of helpfulness, we urge every optometrist to face the vital question—Am I a Success?

Face it squarely. Take an honest inventory of yourself. Try to see yourself as others see you—not only as other optometrists see you, but as other professional men see you, and as your patients, your friends, your enemies perhaps, and your public in general see you.

Are you a success or do you just think you are? Is your standard of success a just one to yourself and your ability? Are you getting and giving all you can?

Are you satisfied with a certain income that chance has fixed? Are you assuming that you are successful because you manage to get along through more or less favorable circumstances over which you never had nor sought any control?

Are you doing anything to uplift your profession and to take justifiable advantage of the advances that are being made?

Have you a true conception of what really constitutes success, or are you living in a narrow sphere, doing your work day after day with no ambition and with no vision, blind to the wonderful opportunities the profession of optometry offers to all who will conduct their practices along up-to-date lines with modern equipment in proper environment?

Are you fully aware of the fact that in a young, growing profession like optometry you are constantly in danger of being outdistanced by men who may be no better than you technically, but are looking ahead, are aggressive along lines of business psychology, are awake to the demands of the times and are ever alert in meeting those demands?



Low standards in knowledge, in technique, in environment and in equipment may be tolerated while all practitioners conform to the same low standards, but when a sufficient number of more aggressive men set higher standards, you must conform to them or pass out as a back number. Standards so high have been set within the last few years by so many as to make it imperative that all take inventory of themselves promptly.

The cramped examining room with its soiled walls, its squeaky chairs, its weather-beaten test chart and antiquated trial set is doomed, and in its place we find the white or neutral-toned examining room scientifically lighted and sufficient in size to properly embody the modern chair, trial set, trial frame, trial chart, retinoscopes, ophthalmoscopes, ophthalmometer, phoro-optometer, kratometer, perimeter and check tests, all so essential in rendering the services people now know enough to demand as an inherent right in the care of their eyes.

Is it not foolhardy to overlook the fact that great masses of intelligent people through lectures, newspapers, magazines, moving pictures, and many other channels, have been educated to value their eyesight and that in consequence a strict accounting will be demanded of those who are entrusted with the care and preservation of this most precious gift?

How will the prospective patient judge your ability to properly care for his eyes? His estimation of your degree of success, the esteem in which you are held by those who know you, and your personality will have much weight but his final decision may often depend upon the external, visible evidences of your ability to serve him—namely, your equipment. Nothing will inspire more confidence than complete equipment backed up by a masterly technique in applying it.

To possess equipment without knowledge of its use is charlatanry, to have knowledge without the best equipment to apply it is incompetence while complete equipment with complete mastery of it is efficiency—the prime essential in true success.

Am I Entitled to Fees that will Insure My Success?

THERE is nothing sordid in getting substantial fees. True success means something different probably to each individual and a few will insist that it be not estimated on a monetary basis but professional service of any kind is merely a business proposition. The professional man studies and labors to fit himself to render a certain specialized service, he counts upon making his living thereby, and when he renders that service faithfully and efficiently he is justly entitled to good pay.

So in a practical sense, true success signifies your ability to render a service that many are glad to pay for, and it follows that if you, as an optometrist, render trustworthy optometric service you will be a success and you will be well paid, *provided* you make the value of that service evident to the patient.

Many render excellent service but fail to build up a successful practice because of an inability to exact from the patient a just appreciation of that service. The failure may be due to some personal trait, to faulty environment or to unconvincing equipment.

It may be difficult to overcome some defect in personality, but there is no excuse for neglecting to immediately rectify any faults in environment or equipment.

It is the aim of this booklet to point out these shortcomings and to offer suggestions toward their elimination.

We will work from the basis that the successful optometrist is the well-paid optometrist.

If you are not well-paid you are not successful and something is wrong.



If the fault is inherent the case requires more heroic treatment than can be offered here, but if the fault is superficial, as is usually the case, we believe that it may be rectified by applying the following principles, and, in so doing, we believe we will aid in creating many more successful optometrists, thereby rendering a lasting benefit to them, to the public and to ourselves.

Real optometry has not been practiced yet. When men of vision and of courage grasp the opportunities inherent in the calling, present day practices and incomes will seem insignificant.

Less than fourteen per cent of the people of even this enlightened country avail themselves regularly of optometric service. The science itself is in its swaddling clothes, its potentialities cannot be guessed at. In kindergarten, school, college, office, store, field, mine, factory—in every department of labor, industry and profession are tens of thousands of cases requiring optometric attention. Are you equipped to go after your share in competition with modern practitioners?

It has been the custom to permit these cases to break down before visual aid is given but such a custom entails a woeful waste of human energy and a condemnable amount of human suffering. This loss is being recognized and a demand being made for scientific rectification by proper optometric treatment.

This means more than supplying glasses after the vision is impaired, it means the adoption of prophylactic measures involving searching analytical examination with the best diagnostic instruments procurable.

Not the costly results of visual disturbances but the earliest tendencies from normal must be sought, and the successful optometrist of the future will be he who fortifies himself with scientific training, environment conducive to scientific investigation, deep knowledge of his subject, and instruments of precision enabling him to apply that knowledge most effectively.

The Four Cardinal Principles of Success

THERE are four cardinal principles that every optometrist should apply if he would achieve the highest measure of success: Business Psychology—Business Ethics—Business System—Proper Environment.

Business Psychology.—Psychology plays too important a part in the business life of today to be ignored by any professional man in building up a successful practice. To-day the patient does not measure the value of the optometrist's service by the value of the material used, he no longer wishes just glasses, he demands scientifically correct diagnosis before even scientifically correct glasses are thought of.

Demonstrate that your examination enables you to properly calculate his needs and he will trust you implicitly in supplying those needs.

He will judge you mainly by the outward evidence he sees of your means for making a scientific and trustworthy examination of his eyes and by your technique, hence the first step toward real success is proper equipment, in proper environment with evident mastery of that equipment.

The successful optometrist will have to be primarily a salesman of visual efficiency.

The frames and lenses involved are secondary. He must sell his services, which are not open to odious price comparisons, as are materials, and he sells his services if he be properly versed in modern business psychology by talking and bringing about visual efficiency.

Muscle exercises, visual development, or lenses are secondary means with which the optometrist should work toward his primary



object—the increase and preservation of his patient's visual efficiency.

In a word he must talk preservation of visual efficiency, not frames and lenses.

The personality of the optometrist is of paramount importance in the building and maintaining of a successful practice. His clientele may be first attracted by his reputation, but to retain that patronage he must inspire them with confidence in his knowledge, his skill, his equipment, and his integrity, and it is here that the great value of personality is felt. The optometrist who possesses by nature the character which wins immediate confidence is assured of success if he will but give that personality full play in a fitting environment. He who does not possess a naturally winning personality should, and can if competent and sincere, cultivate those personal traits which when developed set at rest any doubt patients may feel as to the treatment they are going to receive while under his care.

Business Ethics.—Business ethics involve your relation to your patients and to the public. If one is to convince his clientele that he is a success he must look the part and his office must be in keeping with his ability. If one has limited ability a well-equipped office may be the only thing that will save him, but if one has real skill it is foolish not to set it off to the best advantage amid equipment and appointments worthy of it.

In many cases his office is the only means people have of judging an optometrist and it is quite natural to judge a man's standing in his profession by the external evidences of success. Good equipment is such evidence.

Such an apparently trivial thing as the apparel worn in the examining room by the optometrist has its lasting effect upon his patients and his prospective patients. To wear the same clothes in the examining room as at other times is doubly unsanitary. Not only is it unfair to patients but if you will wear a white coat for one day you will realize how much dirt is carried around on a cloth coat that is worn for months at a time without cleaning. The gown used by surgeons and dentists may not be called for nor need all change to an all-white outfit including white shoes, hose, trousers and coat, as some do, but nothing less than a fresh, clean, white coat should be tolerated.

Especial care must be given the hands and the breath. Smooth hands,

manicured nails and a judicious application of glycerine and rose-water or other mild lotion will be highly appreciated by discriminating patients.

Disagreeable odors from sterilizers may be avoided by proper ventilation and by allowing evaporation of the following mixture:

Use a glass jar with a close fitting glass cover. Fill it half full of alcohol and add a pinch of Diamond Dye of any desired hue. Add a teaspoonful of oil of lavender or oil of violet and another of ammonia. Then add enough Ammonium Carbonate (Squibbs Cubes) to almost fill the jar.

If this mixture be uncovered a few minutes each morning the effect will be most agreeable.

One simply cannot be too particular about his office and office appurtenances. The patients, who are really the determining factors in the problem of success, are the first to be considered in connection with the appearance of his place of business. Worth-while patients to-day are fastidious and demand up-to-date atmosphere in any place they patronize and they spend their money where the surroundings are attractive and where they are impressed with the evidence of thorough efficiency.

Therefore, a modern optometric office is of paramount importance to every optometrist. To the man just starting in practice such an office is absolutely essential because it will inevitably attract patronage long before the unknown quantity of his professional ability becomes a drawing factor. To the well-established practitioner such an office is equally essential because in the office and in up-to-date equipment is shown not only a desire to maintain prestige but also the proper appreciation of patronage.

To those in optometry who feel their practices to be unduly limited and who see many from their clientele seeking the modern offices of younger-spirited optometrists, it should be evident that it is the ancient looking office and the meagre equipment that





A Model Refracting

The suite consists of three rooms: a reception room, consultation room or



shown in Perspective

complete examining room. The entire suite occupies a space of only 15'x20'

are really responsible for the loss of these up-to-the-minute patients.

To these optometrists, there is no subject connected with their professional welfare so pertinent and so vital as the freshening and modernizing of their offices and examining rooms.

Good business ethics demand that the optometrist avoid attempting to see too many patients a day. Seeing fewer and doing a little more for each case places him in a distinctively higher class, causes less fatigue, and ultimately earns better fees. One hour is not too long to allot each case where a full examination is to be made and nothing should be considered complete short of thorough investigation with the ophthalmoscope, static and dynamic retinoscopes, ophthalmometer, phoro-optometer, perimeter, transilluminator and external examination under magnification, all backed up by a carefully elicited history.

Business System.—Some basis for accepting new patients must be established. A rating or a reference should be obtained sufficiently informative to enable the optometrist to establish a proper fee. If a patient is charged below his ability to pay he entertains a lessened appreciation of your professional attainments. If too high a fee is charged when it cannot be borne, it causes ill will, loss of the case and the potential business that may have resulted from favorable influences. All patients should be charged at the same rate for any material used, as frames and lenses, but your fees for services may vary according to the ability of each to pay. This variation is essential to highest class service to all.

Once a case is accepted and a fee agreed upon never permit any consideration of that fee to determine the kind of service to be rendered. Never accept so low a fee as to warrant your giving any but the very best service that lies in your power. Living up to that principle alone would assure any competent man of success.

Never try to handle more than one patient at a time. Give one your undivided attention and charge full time.

Leave some time open each afternoon for when the closing hour approaches you will find this time welcome for emergencies. There is usually, each day, some patient coming in for special adjustment or re-examination who cannot be fitted in through the regular appointments but who will gladly come back at the end of your day.

It is wise to maintain a certain degree of aloofness without losing your personal touch and to prevent your patients becoming too well acquainted or reaching you too easily. Failing in this you will lose prestige, cheapen your practice, and make your patients slow in settling their accounts with you.

The average professional man fails to make proper provision for controlling his business records, making appointments, and keeping them, keeping accounts, figuring overhead, estimating profits and losses, paying his own bills and collecting accounts due him. To insure success in the practice of optometry the business side and the professional side must go side by side. The adherence to sound business principles is not only ethical but remunerative.

There are numerous systems by which you may keep in touch with all details of your practice and it makes little difference which plan you follow provided you conscientiously follow one.

Keep in mind that if you base your fees on the time given each case it is not fair to you or to your patient to compute this charge for time on the basis of service you can obtain from old, out-of-date equipment.

Not only will proper equipment permit you to do better work but it will let you do it in less time and as time is really what you are selling it means more income for you. Still further, good equipment saves *you*, saves wear and tear on your nerves and as the years go on, and they do, you will find yourself standing up to your work with less fatigue which means that you will be able to work that many more years, days, hours and as you get so much per hour, that means as much as you wish to make it.

Proper equipment can be used to still better advantage if you secure capable and efficient office assistants.

By all means have at least one assistant so that you do not have to appear in your reception room or leave one patient to answer the telephone call of another.

If one's practice warrants a nurse and general assistant as well as a secretary, the problem of adequate assistants is far more easily solved.

Your assistant should be taught to answer all telephone calls and in a way that will insure the leaving of a good impression upon the pa-

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tient. The slightest tinge of curtness is always greatly magnified over the telephone and must be scrupulously avoided. Absolute courtesy must be extended under all circumstances. An assistant should never be permitted to inquire the name of the patient who wishes to "speak to the doctor" but should be trained to say in a way that satisfies the caller that "the doctor is in the midst of an examination but I will get your message to him." By this simple method probably both the name and the message will be obtained. If the patient refuses, you will have to answer but a well trained assistant can avoid this in all but a few isolated cases.

With office callers the message and name must be asked for to be carried to the doctor and he need never appear because he can decide whether the assistant is to bring the caller to him or to dismiss those who may have no fair claim on the doctor's time nor any connection with his practice.

Patients appreciate being notified of their appointments, especially those made a considerable time ahead and reexamination notices should be sent at the proper time. This can be attended to entirely by the assistant and is not only of value to the individual patient but will be the means of many patients returning to you who might otherwise drift away.

Proper Environment.—Environment influences a man for good or evil. A large part of his life is spent by the optometrist in his examining room and the subconscious effect of pleasant, aesthetic surroundings and of generously adequate equipment cannot be overestimated. Lack of them will prove costly to anyone. A comfortable, happy, satisfied man will naturally do better work and earn more money. Contentment and cheerfulness go with refined surroundings and these in turn create good will all around and become an important factor in increasing a practice.

Realizing that environment, per se, is essential as a proper background for impressive equipment and knowing that efficiency is enhanced by satisfaction derived from pleasant surroundings we contend that when an optometrist installs new equipment, as most optometrists must do at this time of rapid development, he should provide a proper setting in order that his new equipment may create the full measure of favorable comment to which he is entitled.

Planning, Decorating and Remodeling the Examining Room and Offices

INCREASED efficiency and increased practice follow the establishment of a modern optometric office. No optometrist can obtain proper results from his efforts in an office inconveniently arranged, impractically planned or incorrectly equipped.

The space necessary for a correct and up-to-date arrangement of an optometric office is much less than generally supposed.

By careful study of the conditions and by avoidance of all waste it is quite feasible to plan offices within limited space which will in actual practice give gratifying results.

Primarily your offices should be designed to enable you to work most effectively in your own manner, allowing for individual ways of carrying out the various parts of the complete ocular examination.

Secondarily they should be designed with the patient's comfort in mind.

This applies equally to the upstairs office or the practice conducted in the street level store.

If the offices are upstairs little more can be said than is contained in this booklet. If downstairs, the same plans and details can be incorporated. If it is the practice to do dispensing in the front part of the store then a suitable space in the rear or to the side can be utilized for the refracting suite and the details carried out identically as described for the upstairs practitioner.

The examinations can be conducted in the same environment as the upstairs optometric offices and after the Rx has been written, the



adjusting, fitting and selling can be done out front in the store with equal effectiveness. In fact, many members of the profession will prefer to separate the merchandising and professional part of their business in this way.

The important thing is the environment and the thorough professional manner in which the patient is handled.

So the fact that your examinations must be conducted in a store need not deter you from obtaining the same advantages secured by the upstairs practitioner. These plans apply with equal effectiveness to the optometrist in a store as to his upstairs colleague.

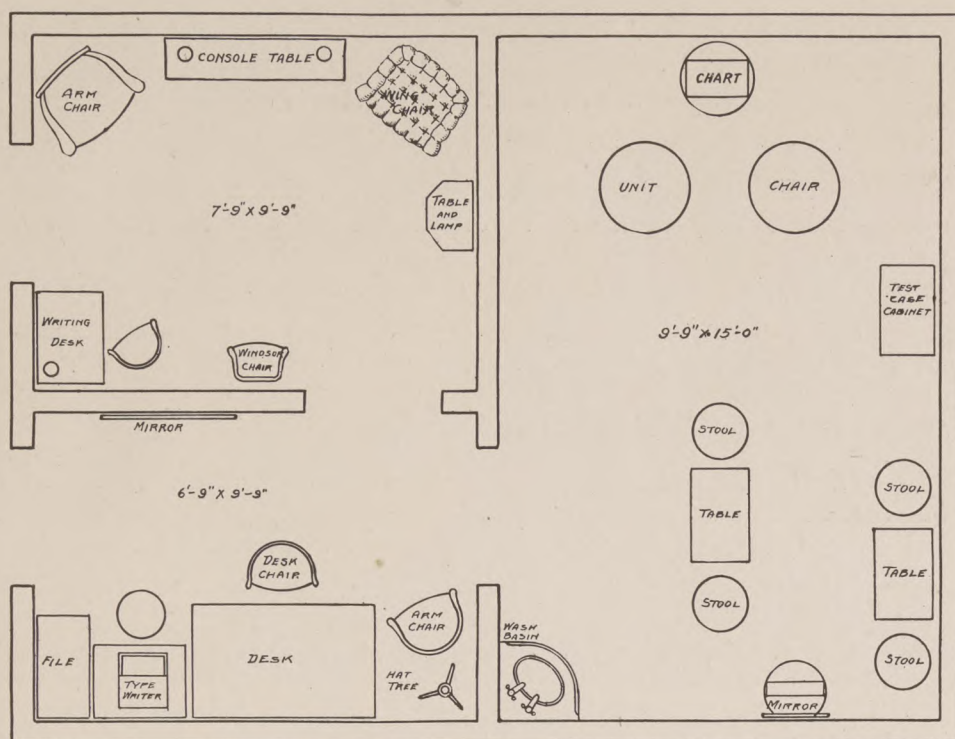
A just criticism of the offices of the past is that in most instances a large reception room was provided while the examining was done in a room pitifully smaller, meagerly equipped and altogether unimposing.

Even in most limited space the cardinal principle should be recognized that the work room is ever more important than the reception room and should stand out preeminently better equipped for its respective use. Hence, whatever the effect of the reception room it should be powerfully overshadowed by that of the examining room.

In planning optometric offices we believe three rooms should be considered the minimum. The examining room, the reception room and a third to be used as an executive office, as a dressing room, as your consulting room, or as your assistant's room, if you have one who attends to the dispensing part of your work. Certainly none of this work should be done in the reception room and just as certainly the examining room must be kept free from it. Four rooms offer far greater opportunities toward conducting your practice efficiently and imposingly and the fourth room becomes almost an essential if one wishes his own laboratory or work room connected with his offices. But, aside from the laboratory the ideal suite seems to be a reception room, a private office, an examining room, and a dressing room, from which an exit may be made without returning through the reception room.

But let us take the important details up in their order.

The first impression a patient receives upon approaching your office comes from the entrance to the building in which it is located. Great



A complete refracting suite occupying a space only 15'x20'

care should be exercised in selecting the location, and the type of building. Optometrists' patients are in no sense local or transient but come oftentimes fifty or a hundred miles and frequently greater distances and in consequence the location selected should be as near the main transportation means as possible. And it is necessary to keep in mind too not only the tone of the immediate vicinity but the condition of the streets that must be traversed in getting to you from these main lines of transportation used by your patients.

The accessibility, "neighborhood," and dignity of your building being cared for, your patient is next impressed by the entrance to your reception room from the hall.

Many people are unfamiliar with either of the degrees of optometry, Opt. D. and D. C. S., and therefore fail to comprehend their meaning

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so the optometrist may find it more practical to let the sign on his door read simply,

DR. RICHARD E. ROE
OPTOMETRIST

The selection of furniture for the reception room calls for discriminating taste and judgment. Avoid above all crowding too many pieces into this room. If possible, get trustworthy advice. Select all pieces with care, both as to appearance and wearing qualities.

The size, style and colorings depend largely upon the size of the rooms. The size of the rooms depends upon the floor space you have to give to the refracting suite.

Offices in the smaller towns or stores along side streets, naturally, do not cost as much per square foot as do offices in the modern office buildings of large cities or stores along the main streets. Consequently, where space is costly every square foot should be utilized to the best advantage.

The preceding diagram is of complete refracting offices containing three rooms, i. e., a reception room, an office or consultation room and a larger refracting room. These plans have been very carefully drawn up and every point considered. It may be surprising to note that while the offices include three complete rooms, the entire space occupied is but 15' x 20'. There is an 8' x 10' reception room, 7' x 10' consultation office and a 10' x 15' refracting room. Each room is ample in size and so carefully laid out and decorated that nothing is lost in impressiveness because of its size.

A larger space than this is hardly necessary and unless you are through circumstances endowed with a greater floor area, we would not recommend larger offices than these.

We will first describe the fittings of the smaller offices. Further on in the booklet is shown what can be done on a more elaborate scale by those who have space larger than 15' x 20'.

The reception room, as before stated, measures but 8' x 10'. The door leading into it falls in the center of one end of the room. At the left of the entrance is an arm chair covered with a good quality tapestry. Directly in line with this and placed against the side wall is a Console table measuring 3' x 1'. On either end is placed a cande-



The model Reception Room. Artistic and comfortable

labra light. Directly above the table and extending its full length is a mirror with dull gold frame. At the other end of the Console table is a wing chair covered with a different design of tapestry than the arm chair, but selected with harmonizing colors. To the right of this chair and at the opposite end of the room from the entrance is a small, low table on which is a richly designed lamp and above which is hung a long, narrow mirror, placed vertically.

To the right of the room and near the doorway leading into the consultation room is a Windsor chair. In front of this and to the right of the entrance door stands a writing desk and desk lamp with a low-back desk chair.

The entire floor is covered with a taupe colored carpet, well padded. The walls are painted in a warm tan with a stippled finish. Well arranged panels run to the height of the door. The larger walls contain three panels. This gives the effect of a larger room. The woodwork such as base boards, door jambs and top molding are painted one shade darker than the walls. A china silk fluted curtain covers the translucent pane in the entrance door.

All illumination in this reception room is by the lamps already mentioned.

Placed on the Console table are selected magazines.

At the end of the room opposite the entrance and to the right is the door leading into the consultation room. In this room directly opposite the door is a chair for the patient. This is placed beside a modern flat-top desk. At the other end of the desk is a metal record file. To the side is placed a typewriter table where the assistant or nurse stations herself. An electric light signal is attached to the main entrance door which signals when anyone enters the reception room.

At one end of this room is a door leading out into the same corridor or place from which entrance is made to the reception room. It is not necessary to have the patient leave through the reception room after the conclusion of the examination.

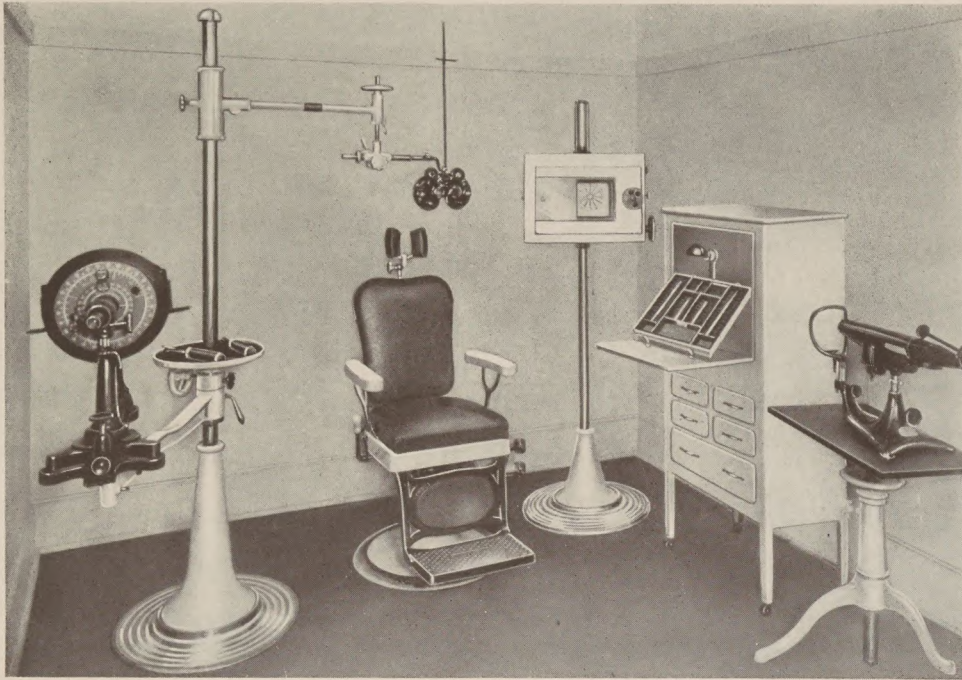
Behind the patient's chair is a clothes-tree and on the opposite side of the room there is a long mirror for the use of the patient.

The consultation room is fitted with mahogany furniture. The same taupe colored carpet continues through the reception room and covers the entire floor. The walls are painted and paneled in the same color and manner as the reception room. The advantage of this is that the patient in going from one room to the other does not notice the size of the rooms but is impressed with spaciousness.

Directly to the right of the patient's chair is the door leading into the refracting room.

In the refracting room, at the end opposite to the entrance doorway, are the ophthalmic chair and the Genothalamic Unit. Ten feet in front of the chair is a mirror on stand, while above the refracting chair appears a reverse test-chart cabinet, thus giving the advantage of a twenty foot room. At the opposite end of the room and near the entrance is a wash-basin; an important piece of equipment to the refractionist who conveys the impression of sanitation by washing his hands before each examination. To the right of the chair is a sterilizer and test-case cabinet while on the opposite side of the room along the wall appear the indirect ophthalmoscope and perimeter.

By examining the preceding floor plan and the double page perspec-



The model Examining Room, complete and convenient

tive of the model refracting offices, it will be seen how conveniently the refracting room is arranged. It is not necessary to move the patient about a great deal during the examination as the Unit makes it possible to swing the ophthalmometer and phoro-optometer into position without moving the patient. The convenient tray on the Unit is for small diagnostic instruments. Immediately at the operator's right is the test-case and sterilizer; also the fitting set. Where only three rooms have been provided, as in this case, the fitting may be done in the chair by the refractionist.

The floor in this room is covered with light gray linoleum. The walls are smooth and of a very light gray enamel up to the top of the door jamb. Extending around the room at the height of the door is a wood strip $3\frac{1}{2}$ " wide. This is also painted a light gray. From this moulding to the ceiling the wall is painted in a flat white.

There is a semi-indirect light hanging from the ceiling which may be dimmed or turned out entirely as is necessary. This semi-indirect light contains a daylight bulb which gives ideal illumination for optometric work.

The furniture (chairs, stools, cabinets) in the room is entirely of white enameled metal. The entire room conveys the idea of the ultimate in sanitation.

We have briefly described the contents of this model refracting room and offices. In the following paragraphs we describe a more elaborate refracting suite and include also some suggestions for the best methods of procedure in modern optometric practice. What applies in the large or more elaborate refracting offices likewise applies in the smaller offices.

The same work that can be conducted in the larger or more elaborate offices can be conducted in the smaller quarters with equal effectiveness if the detail, design and planning of the rooms, as well as the methods of procedure and deportment of the refractionist are carried out with thoroughness.

The accompanying pictures illustrate a more complete suite of four rooms.

The reception room has its walls panelled and finished in ivory, French glazed. The woodwork of mahogany blends well with the walnut furniture. The carpet is a neutral tone grayish brown, thick in itself and well padded beneath. The ceiling and walls are unmarred with electric fixtures, the room being lighted entirely from table lamps.

Upon entering the reception room from the hall, one first sees a commode with Chinese silk cover, at the ends of the commode are lamps with bulbs shielded. Over the commode a mirror is suspended upon heavy silk cords.

An attendant who sits at the left as you enter greets you from her station at the desk, and inquires if you have an appointment or informs you the doctor will be ready for you shortly.

The lighting effects obtained from table lamps exclusively are exquisite and a tone of restfulness and refinement permeates the room. The curtains are pongee silk to match wall coloring and cover all glass doors, transoms and windows.

The attendant is permitted to sew or read but no office work is done in this room. By the inter-communicating telephone system she can



The model consultation room or business office

reach any room and makes all announcements from her desk. When the optometrist or his assistant is ready to receive the patient he calls back to this point from any room he may be in and gives his instructions and the attendant conducts the patient to the room designated. Bells, buzzers or signal lights may be used in connection with these 'phones, but small colored signal lamps are much to be preferred.

From the reception room the attendant ushers the patient into the executive office. Here the patient is received by the assistant. If a former patient the old records are taken from the safe and old address verified and brief history taken, especially as it bears on the present visit. If it is a new patient, it is here where fees, terms and other matters of business are discussed, also the patient's complete history taken.

It is in this executive office that appointments are made, letters answered, bills sent out, and in a word all the business operations carried out.

When the refractionist is ready the assistant ushers the patient from this office into the examining room.

On the left is the sterilizer which holds the many auxiliaries used and is kept filled with formaldehyde gas as the sterilizing agent. It has drawers down each side and a glass top at which the optometrist may sit and write as at a desk.

The test chart is seen behind the sterilizer and next to that the switch-board table that may be wheeled at will and from which every light in the room is controlled. The chair stands out in the room sufficiently to allow the operator to tilt the patient back at any angle and still get around.

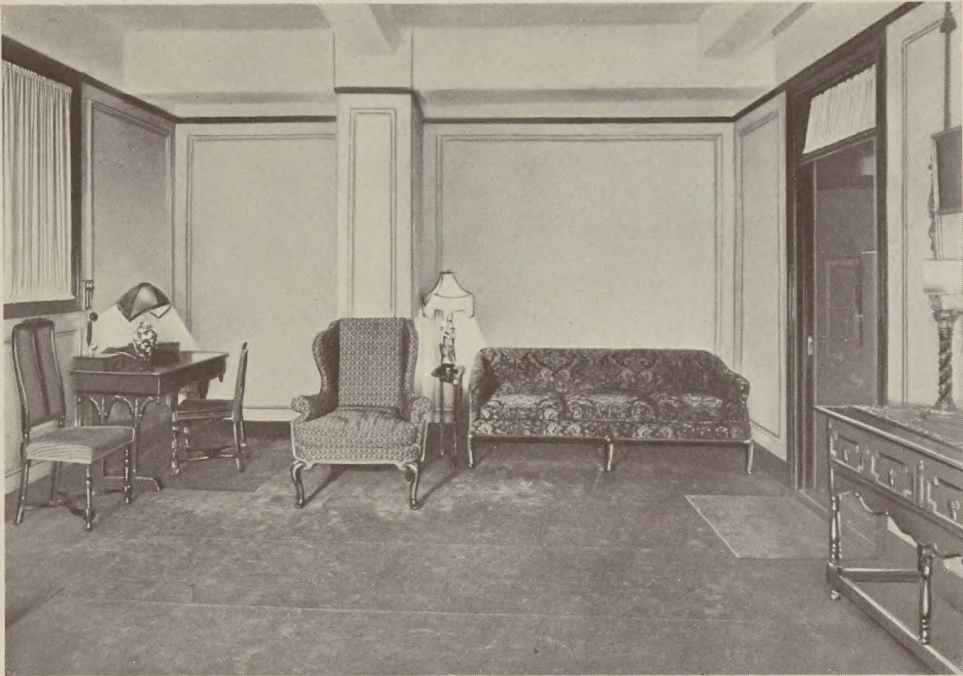
The Refractor Unit affords the best means so far devised for applying distance and near subjective visual acuity tests, dynamic and static retinoscopy, near and distance muscle tests with rotary prisms, multiple rods and phorometer, and ophthalmometry. Absolute rigidity, so essential to accurate results, has been attained and every conceivable adjustment of the phoro-optometer is readily made without effort by counter-balanced concealed weights.

Behind the Refractor may be seen a square table containing the trans-illumination set in sterilizing solution.

The auxiliary trial set, tropometer and indirect ophthalmoscope complete the instrument equipment seen in the view. At the other end of this room is a cabinet which contains the various samples of frames and mountings used, the campimeter, the distance doubling mirror, wash basin and bench used for parents of small patients to sit on during the examination. It will be well to note here that in the case of a very small child much time and trouble may be saved if the parent is allowed to remain present, but in general no one should be allowed to accompany the patient into the examining room. Judgment must be exercised on this point and no hard and fast rule laid down.

The ceiling and walls down to molding are calcimined white and the walls from top of molding to floor are enameled white. The cement floor is lead color.

No pictures or charts of any kind appear on the walls of this examining room and all electric connections are made from the base sockets.



The Reception Room of the more elaborate suite

From the examining room the patient passes into the consulting room and the doctor's own office.

Here the adjusting is done and in this case a chart and mirror are available to check up the vision as the finished lenses are being adjusted. It is here that the frame is selected for the patient and all commercialism is simply eliminated by showing only the styles suggested by the optometrist at the end of the examination.

At the other end of the room are a clothes-tree, a dressing table and mirror for the convenience of the patient whose hats and wraps are placed here by the attendant.

From this room the patient finds egress to the hall without repassing through any of the other rooms.

Walls if plastered are sound proof and far more substantial looking than wood partitions.

The arrangement described above is typical but is subject to many

practical variations. For instance, one of the rooms can be eliminated, leaving a reception room, examining room, and office. Or the fourth room may be fitted as an auxiliary examining room to be used by the assistant to do part of the work where he may get the findings with the retinoscope, ophthalmometer, the phorometer and make preliminary duccion and visual acuity tests. Then the patient may come to the doctor with all the time-consuming preliminaries out of the way and ready for the final tests. Thus with an assistant many more patients can be properly handled by an optometrist without losing any of his identity which he would lose if he permitted his assistant to make a complete examination of some of his patients.

The value from every angle of a well equipped examining room is beyond question. It is no longer a matter of choice but a grim necessity if one is to hold his own under modern conditions. Aside from the moral responsibility one owes his patient of doing all he can for him with the best instruments procurable, the man who fails to show his progressiveness along this line is doomed to failure because the public has been educated to know what constitutes a reasonably thorough optometric examination.

An examining room does not meet the minimum requirements which fails to provide means for accurately measuring the visual acuity, the extrinsic muscle balance, the ciliary and fusional reserves; for indirect and direct ophthalmoscopy; for static and dynamic retinoscopy; and for ophthalmometry and perimetry or campimetry.

With the illumination under control, we believe white or gray white should prevail throughout the examining room as far as possible. If it is white, it is clean. If it is other than white the patient cannot be so sure it is clean.

If it is white and not clean, it is not white, therefore, with new significance, we may say *if it is white it is clean*.

If the floor is cement, lead color is ideal. Plain gray or tan linoleum is also most appropriate. Carpet is out of place in the examining room. Rubber floors are the finest but very costly and hard to keep clean.

If your floor is cement the building will probably be steel construction, in which case you should have a rubber mat under the chair and under your feet not only for the ease it affords your feet but because



Business matters are easily discussed in an office like this

a cement and steel floor may be damp enough to act as a "ground" and result in your being more or less disagreeably shocked while using some of your electric instruments.

Keep your examining room especially well ventilated as some patients are prone to faint in a poorly ventilated room, especially under the excitement of an examination. The value of a good chair, capable of being thrown back as a couch, is seldom more appreciated than when a patient faints.

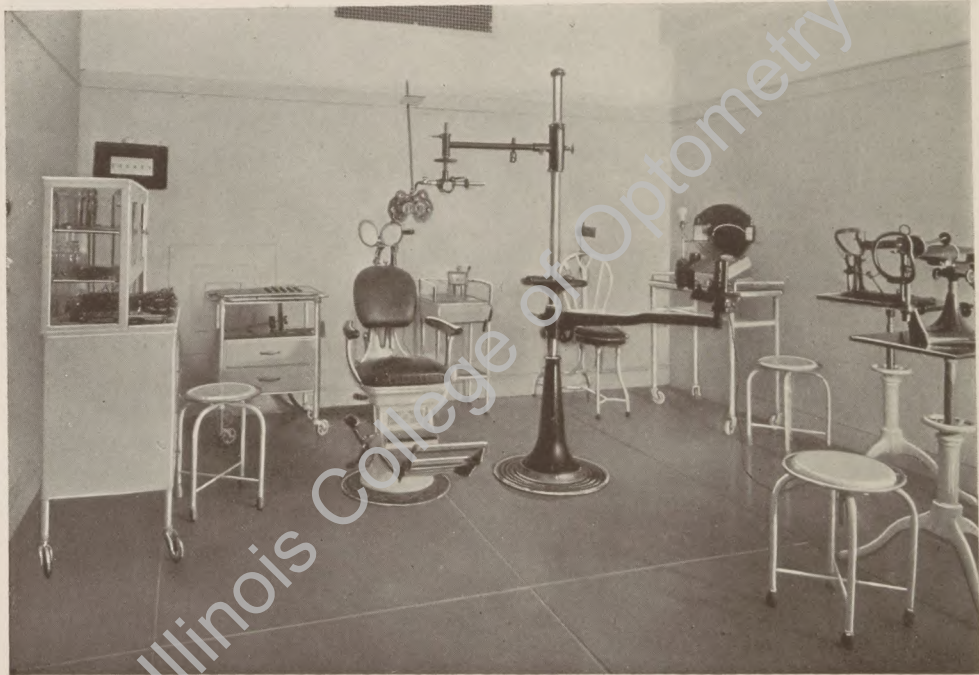
A business or executive office aside from its direct usefulness, has an indirect value insofar as it impresses patients with the fact that there is a financial side to an optometric practice. It provides a proper place for the settlement of accounts.

The consulting room is the proper place in which to get the history of the case and all the accompanying data, to discuss the terms, and after the examination to finally determine what form of glasses are to be worn and to take facial measurements for them.

We have described both the refracting offices of limited space and the larger ones with more elaborate appointments, whether they be in the street store or upstairs in an office building. What yours shall be, you are the best judge.

As mentioned in the opening paragraphs of this book, suggestions are given in all earnestness and in a spirit of helpfulness. Many progressive refractionists have already taken the vital step of modernizing their offices. Many progressive refractionists are even now remodeling them. New members of the profession are planning along these modern lines or have already established themselves in modern quarters. It is these members who are or will be recognized as the progressive and successful members of the profession.

So we urge you once again to face the vital question, "Am I a success?"



To be successful appear successful

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